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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744949

1. Corporation Name

SUNSET PLAZA EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

680 71ST. AVE.
ST. PETERSBURG BEACH FL 33706

Mailing Address

680 71ST. AVE.
ST. PETERSBURG BEACH FL 33706



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/15/1978

4. FEI Number

59-1873314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROIDA, JOEL D. ~~Director~~
605 75TH AVENUE
ST. PETERSBURG BEACH, FL. 33706

10. Name and Address of New Registered Agent

81 Name
Welch, Dorothy M.
82 Street Address (P.O. Box Number is Not Acceptable)
5050 Gulf Blvd.
83
84 City
St. Petersburg FL 85 Zip Code
33706

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dorothy M. Welch*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME URECH, ALFRED C.
STREET ADDRESS 680 71ST AVE. APT 5
CITY-ST-ZIP ST PETERSBURG BH,FL00000

TITLE STD DELETE
NAME BARNES, JOYCE
STREET ADDRESS 524 69TH AVE UNIT 202
CITY-ST-ZIP ST. PETERSBURG BEACH FL

TITLE VD DELETE
NAME LOMBARDI, SYLVIA
STREET ADDRESS 680 71ST AVENUE, APT. 8
CITY-ST-ZIP ST. PETERSBURG BEACH,

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Dorothy M. Welch* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 727 367-4582
Date Daytime Phone #

CR2E037 (1/98)